

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF  
THE APPLICATION FEE AT THE TIME OF FILING.**

CASE NO.  
DOCKET NO.

COURT DATE  
DATE ASSIGNED

**APPLICATION FOR PETTY LARCENY DEFERRED JUDGMENT PROGRAM**

**ALL ANSWERS MUST BE COMPLETE   TYPE OR PRINT CLEARLY**

1. FULL NAME:

TELEPHONE:

ADDRESS:

(Street)

(City)

(State)

(Zip)

LENGTH OF RESIDENCE AT PRESENT ADDRESS:

2. AGE:

3. DATE OF BIRTH:

4. SEX:

5. RACE:

6. PLACE OF BIRTH:

7. SOCIAL SECURITY NUMBER:

8. DRIVER'S LICENSE NUMBER:

STATE:

9. MARITAL STATUS:

SPOUSE'S NAME:

SPOUSE'S AGE:

SPOUSE'S EMPLOYMENT:

10. NUMBER OF DEPENDENTS:

NAME

AGE

NAME

AGE

11. OTHER HOUSEHOLD MEMBERS LIVING WITH YOU, NOT YOUR SPOUSE OR LISTED AS A DEPENDENT. Their name, age, employment:

12. EDUCATION:

<u>SCHOOL</u>	<u>LOCATION</u>	<u>GRADE OR DEGREE</u>
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13. VOCATIONAL TRAINING:      YES      NO    TYPE

14. MILITARY SERVICE:      YES      NO    BRANCH

TYPE OF DISCHARGE:                      DATE OF DISCHARGE:

15. DEFENSE ATTORNEY:

NAME:    TELEPHONE:

ADDRESS:

16. PRESENT SOURCE OF INCOME (PLEASE GIVE AMOUNTS FROM EACH SOURCE):

DEFENDANT'S EMPLOYMENT:                      \$                      PER MONTH

SPOUSE'S EMPLOYMENT:                      \$                      PER MONTH

UNEMPLOYMENT COMPENSATION:                      \$                      PER MONTH

PUBLIC ASSISTANCE:                      \$                      PER MONTH

OTHER: SUCH AS PARENTS,  
RELATIVES, FRIENDS ETC.                      \$                      PER MONTH

17. PRESENT EMPLOYMENT:

EMPLOYER:    TELEPHONE:

ADDRESS:

DATE EMPLOYED:                      OCCUPATION/TYPE OF WORK:

SALARY:

18. EMPLOYMENT HISTORY: (Beginning with last previous employer)\*

\*LIST EMPLOYMENT FOR LAST TWO YEARS - IF EXTRA SPACE NEEDED, ATTACH A BLANK SHEET OF PAPER.

EMPLOYER:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION/TYPE OF WORK:

REASON LEFT:

EMPLOYER:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION/TYPE OF WORK:

REASON LEFT:

EMPLOYER:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION/TYPE OF WORK:

REASON LEFT:

19. PRIOR OFFENSE RECORD:                      NONE                      JUVENILE                      ADULT  
CRIMINAL OFFENSE CONVICTIONS, DIVERSIONS, AND/OR DEFERRED  
JUDGMENTS:

20. DATE OF ARREST FOR PRESENT CHARGE (S):

21. Are you now, or have you ever participated in any other diversion or deferred judgment program?                      If yes, please state where, the effective date of the program and the charge(s) diverted.

22. Do you have any other charges pending in this city or another city, state, or federal jurisdiction? If yes, please state where and what charge or charges.

23. Have you ever participated in any kind of psychological, psychiatric or substance abuse counseling or treatment? If yes, state where and date of participation.

24. NEAREST CONTACT:

NAME:

TELEPHONE:

ADDRESS:

RELATION TO DEFENDANT:

25. PERSONAL REFERENCES:

NAME:

TELEPHONE:

ADDRESS:

RELATION TO DEFENDANT:

NAME:

TELEPHONE:

ADDRESS:

RELATION TO DEFENDANT:

26. STATE IN YOUR OWN WORDS WHY YOU WERE ARRESTED FOR THIS OFFENSE:

I hereby apply for status as a participant in the deferred judgment program and request that upon my plea of guilty to the charge or charges listed herein, the Municipal Court Judge temporarily defer judgment and sentencing against me in order to permit consideration of this application. I understand that the final decision to request that the Court defer judgment and sentencing in my case rests entirely with the City Attorney.

I authorize the Deferred Judgment Officer to conduct an investigation to determine my suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the Deferred Judgment Officer in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will request that the Municipal Court Judge enter judgment and sentence against me upon my plea of guilty to the original charge(s).

DATE

\_\_\_\_\_  
APPLICANT

I authorize the City Attorney to conduct a background check of my past employment record and I authorize my present and previous employers to furnish the City Attorney's Office with any information they request.

DATE

\_\_\_\_\_  
APPLICANT

Form 15-123 (Revised 9/03) vh